## DRIVER LICENSE DIVISION UTAH DEPARTMENT OF PUBLIC SAFETY REQUEST FOR ACCIDENT REPORT RECORDS

PO Box 144501 Salt Lake City UT 84114-4501

For accident report information, call 801-965-4428 (This form shall be used by all persons making requests for accident reports)

Please	type or print all information	
Name of requester		Daytime telephone:
Organization (if any)		Date of request:
Mailing address:		Date of accident:
		Name of Driver:
		Case # (if any)
□ Fee	of \$ <u>5.00</u> enclosed.	
	CERTIFICATION O	F REQUESTER
	indersigned, do hereby certify, that pursuant to Utah ( nt reports filed by peace officers as "protected" that th	
	1. A person involved in the accident, excluding a witness to the accident;	
	2. A person suffering loss or injury in the accident;	
		an emergency room and is providing or has provided accident, or any other individual or entity with written
	4. A licensed private investigator; ( <b>NOTE</b> : Proof maidentified in paragraphs #1, #2, or #3 above.)	ay be required that you represent one of the persons
	5. A state, local, or federal agency that uses the acaccident prevention purposes;	cident report for official governmental, investigative, or
0	6. A member of the press or broadcast news media press or broadcast media is restricted.)	. (NOTE: Information provided to a member of the
	e releasing an accident report (protected record), e e the report shall be obtained.	evidence of the requester's identity and eligibility to
(Signature of person receiving accident report)		
(Print o	or type full name)	
NOTE: The Driver License Division will provide the most current report available from law enforcement.		
Comments:		

DI-8 Rev. 12-08